

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. *10/564665*
FILING DATE
APPLICANT(S) *Dr Booker*

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9	1					
10	1					
11		2				
12		2				
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27		2				
28		2				
29		2				
30	1					
31		2				
32		2				
33		2				
34	1					
35	1					
36		1				
37		1				
38		1				
39		1				
40		1				
41	1					
42	1					
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49	1					
50	1					
TOTAL IND.	14					
TOTAL DEP.		55				
TOTAL CLAIMS	71					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52	1					
53	1					
54	1					
55						
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						